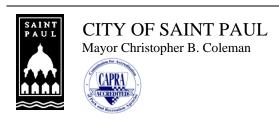
DEPARTMENT OF PARKS AND RECREATION RECREATION SERVICES



Suite 840 50 West Kellogg Blvd. Saint Paul, Minnesota 55102 www.stpaul.gov/parks

Telephone: 651-266-6400 Facsimile: 651-292-7405

Battle Creek Recreation Center – S'More Fun 75 South Winthrop Street Saint Paul, MN 55119 651-501-6388

* RETURN TO BATTLE CREEK*

Battle Creek Community Recreation Center SUMMER S'MORE FUN 2009 Registration Check Off

To be checked off by staff

Child's No	ame
	30.00 Non-Refundable Registration Fee
R	Registration Form
F	Fee Contract Form, duplicate to be sent home
	First Weeks Tuition-\$150/week for 5 days per week or 32/day for part time (Fees do NOT include field trips). *A staff member will determine the correct amount and contact you with the exact amount owed.
E	Emergency Information Form
/	Medication Permission Form (if needed)
F	Release Form
F	Parent Received Parent Handbook

REGISTRATION FORM (PLEASE PRINT CLEARLY)

Child's Name	Nick	Nickname			
Address	City	Zip			
Age Birth Date*	* Se	ex: Female Male			
Child resides with: both	n parents mothe	r father			
guardi	an stepmot	ther stepfather			
Mother/Guardian's Name					
Stepfather's Name					
Address	City	Zip			
Home phone ()	Cell phone ()			
Business Name	Business Pl	none ()			
Business Address	City	Zip			
Father/ Guardian's Name					
Stepmother's Name					
Address					
Home phone ()	Cell phone	()			
Business Name	Business Pl	none ()			
Business Address	City _	Zip			
-	our child up from Battle O d by staff, prior to releasi T BE 18 years old or ol	ing your child.			
Name Add	ress	Phone			
	()			
	()			
	/	`			

HELPFUL ADDITIONAL INFORMATION

List any condition present that might result in an emergency, and a correct plan of action:
List any special needs of your child (allergies, special diet, medications your child takes, etc.):
Language, other than English, your child speaks or understands:
Special interests or favorite activities of your child:
Particular behavior difficulties or potential problems we should be aware of:
Any additional information that would be helpful:
In relation to your child, what are your expectations of the Battle Creek S'more Fun Program:

S'MORE FUN

EMERGENCY INFORMATION FORM

Child's Name		
Address	City	Zip
Home phone ()	* Birth Date*	*
Mother's Name		
Cell Phone ()		
Father's Name		
Cell Phone ()		
Parent - Guardian to contact	in case of an emergency:	
If my child becomes ill, and	I cannot be reached, please call:	
(for their address please just state t	the city in which they live in)	
1. Name	Phone ()_	
Address	Relationship	
2. Name	Phone () _	
Address	Relationship	
3. Name	Phone ())
Address	Relationship	
Name of Doctor and Clinic _		
Address	Phone ()	
Medical Insurance Company	, and Policy Number for your child:	
Preferred Hospital - Emerger	ncy Room	
Signature		Date

BATTLE CREEK S'MORE FUN PROGRAM RELEASE FORM

	Child's	Name				
Program						
I agree to al S'MORE F my child.	UN Progra	am, policies of	nditions of the Sa which I have rec	eived a copy, go	overning the en	
Signature _			Date			
Field Trips	5					
I agree to p	ermit my c	hild to particip planned will b	pate in the field to be posted.	rips sponsored b	y the Battle Cre	ek S'MORE
Signature_			Date _			
S'MORE F nearest hosp	of a life-th UN Progra pital Emer at the exp	reatening ements The staff to use gency Room, for the parents The staff to use gence of the parents The staff to use the parents of the pa	rgency involving the Saint Paul Pa For emergency me ent. (If you prefe	aramedics to tra edical treatment	nsport my child . The child will	to the be
		*	ature		Date	
if needed.	as permissi	11.	n screen, and the Date	•		
anecdotes f	nission to lor the purp	Battle Creek Roose of educati	ecreation Center ng the public to t Date	he services avai	lable.	s and
	-		child to wear on summer. Your cl			
			Medium	•		

Battle Creek S'MORE FUN Program SUMMER 2009 FEE CONTRACT

COST-\$150/WEEK OR \$32/DAY for part time (field trip fees are not included)

Name of child				R	Registration Fee (check #))	_ Receipt #	
*Please only circle the days your child will be attending. Please do not fill in the cost of tuition. S'more Fun staff will fill out the rest of the form and send you a copy. S'more Fun will be closed on Friday July 3 rd , 2009								
Veek	Dates	Days	Due Date	Cost of tuition	Cost of field trip (plus swimming costs)	Total cost for the week	Check # Cash or CC	Receipt
1	June 15-19	M T W TH F	June 15					
2	June 22-26	M T W TH F	June 22					
3	June 29- July 2	M T W TH	June 29					
4	July 6 – 10	M T W TH F	July 6					
5	July 13-17	M T W TH F	July 13					
6	July 20-24	M T W TH F	July 20					
7	July 27 - 31	M T W TH F	July 27					
8	August 3 - 7	M T W TH F	August 3					
9	August 10-14	M T W TH F	August 10					
10	August 17-21	M T W TH F	August 17					
11	August 24 - 28	M T W TH F	August 24					

Date _____

Signature_____